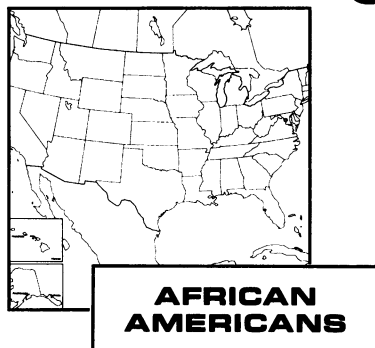


- African Americans make up 12% of the US population but 30% of all diagnosed AIDS cases
- Homosexual men are a declining proportion of African Americans with AIDS; drug injectors and women are an increasing proportion



Cross-cultural Medicine

A Decade Later

African-American Culture and AIDS Prevention From Barrier to Ally

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African Americans make up an increasing proportion of persons with the acquired immunodeficiency syndrome (AIDS). I identify and describe cultural elements such as oral traditions, multiple naming, a collective identity, extended families, and sexuality influenced by myth and exaggeration that condition African Americans' reactions to AIDS prevention. I also offer suggestions on how these cultural elements can be used for effective AIDS prevention efforts in African-American communities.

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African Americans are 12% of the United States population but are 29.6% of all diagnosed cases of the acquired immunodeficiency syndrome (AIDS). This proportional disparity is increasing each year, driven primarily by human immunodeficiency virus (HIV) infections among male drug injectors and their female sexual partners. African-American gay and bisexual men are a declining proportion of African Americans with AIDS.¹ In addition, there is a strong likelihood of a third cluster of HIV infection among economically disadvantaged and socially isolated African-American adolescents. Many of these teens are sexually active, have social networks intertwined with drug injectors, and have persons in their sexual networks engaging in sex for drugs as part of the crack cocaine subculture.²

Although the rising threat of AIDS is undeniable among African Americans, there has been no general mobilization among African-American communities for AIDS prevention, despite universal awareness of the disease.³ African-American gay and bisexual men and drug injectors have made some progress in reducing their sexual and needle-sharing risks, but sexual HIV risk taking is still common within the heterosexual noninjecting majority.^{4(p160)} Poverty and social isolation are major barriers to effective AIDS prevention but so also are African-American attitudes toward sexuality. Culture as well as circumstances influence sexuality.⁵ If known and used, culture can be an ally in AIDS prevention efforts.

African Influence on African-American Culture

Elements of the African worldview survived slavery in the Americas. Africans taken as slaves were drawn from mixed cultural backgrounds with varied sexual practices that ranged from examining young women for virginity at marriage to the condoning of sexual contact and childbirth before marriage.⁷ African cultural influences were reinterpreted

into Western customs and then reinforced and sustained in the past century by racial segregation.⁶ Despite different sexual practices in West Africa cultures, spiritual concepts were similar. The physical world was viewed as part of a larger cosmology. One's spirit was not, as in the European cosmology, a separate and individual soul with an individual fate. Rather, each spirit, though personal and unique, was part of a larger collective spirit and shared in a collective fate. Living persons were part of a continuum of spirits with ancestors at one end and spirits yet to be born at the other. Sexuality was defined within this spiritual context.

Past and future spirits are not imagined.⁸ They are real, have personalities, and can be communicated with. For example, in the United States South, it is not unusual for African-American old people to talk with deceased relatives and to have spirits pass on important information to them in dreams. For people immersed in an African cosmology, communicating with spirits is normal, expected, and necessary. Boundaries between the spirit world and the physical plane are not rigid. "Being" is based not just on thought and empirical and physical evidence but is spiritual and collective. This African worldview has been a unique source of strength African people have drawn on to survive slavery and racism and is clearly evident in African-American churches. The "saved" literally have personal relations and encounters with the saints, ancestors, and "The Holy Ghost." Religion is not contemplative and idealized. It is active, present, and to be experienced directly. Individual church members have life missions to achieve and paths to follow, as does the entire congregation.

Black participation in this African-American culture ranges across a continuum from those who have little knowledge, experience, or identification with the African-American subculture to those reared and socialized in African-American culturally specific families and communi-

ABBREVIATIONS USED IN TEXT

AIDS = acquired immunodeficiency syndrome
 HIV = human immunodeficiency virus

ties.⁹ Most African Americans are at neither extreme and are essentially bicultural. Historically, the African-American cultural continuum has roughly overlapped social class divisions. The lower and working classes have been the mainstays of "the roots," and the middle class has been more European oriented.

African-American Culture and AIDS Prevention

Social class circumstances condition when, if, and how African-American culture determines the context of behavior. Of particular interest is how the culture informs lower and working-class African Americans' reactions to AIDS prevention efforts. The following are brief reviews of social class-specific and other selected aspects of the African-American subculture, with a discussion of their relevance to AIDS prevention.

Oral Tradition and Multiple Naming

Participants in the African-American subculture engage in a highly sophisticated oral tradition.¹⁰ Slaves could not keep written records, so continuing African oral practices became vital to maintaining a sense of community. Information was not simply passed from person to person; then, as today, information was orally critiqued, spoken for, and challenged. People in an oral network ask, "How do you know that's right?" "Who told you?" "Do you believe that?" "So-and-so said it [implying that it must be right or wrong]." What is passed and accepted verbally is believed. Written material does not have the credibility that it has in the mainstream culture. Oral networks are the pulse of the community and the conduits for what people are thinking.

Closely related to the oral tradition is the use of multiple names.¹¹ A person will have one name that is used in public—for police, social service agencies, or for people "from downtown." That person will also have a family name, a street name, and a name among friends. This is much more than the American custom of nicknaming. It originates in the African belief that names have powers, resonate with particular spirits, indicate membership and acceptance, and give the persons who hold them certain abilities. In the African-American lower class, when a stranger addresses someone by one of his or her names, the name the stranger uses tells immediately who that person is, where that person is from, and what type of business he or she wishes to conduct.

Oral traditions and multiple naming have direct implications for AIDS prevention because of the ways they can bias any household survey. This is evident when attempts are made to interview a black person who has multiple names by asking for that person by his or her official name. Respondents can self-select themselves out of a sample without directly declining to be interviewed. A person with any reason for not wanting to talk with "the man" will not be home, will have just moved, or will take a message. Successful surveys must reach urban lower-class African Americans from within their own social networks, and this can be accomplished by people who they know and have some basis for trusting. If AIDS information—in particular the "safer sex" message—is passed on orally by a known and trusted person

in the network, it then has the possibility of being believable and meaningful. If this information is not transmitted by the right person or not accepted by the oral networks, it will be resisted, mistrusted, and considered just another attempt by whites to tell blacks how they should live.

Collective Identity

If someone has a worldview with a collective sense of spirituality, then a wide range of positive social relations becomes essential to that person's sense of self, personal well-being, and community. Ideally, a person should have close, emotionally supportive, and trusting relations extending well beyond family and immediate friends. Most African Americans are deeply embedded in an affirming community and a collective in which they are acknowledged and nurtured. Personal property is readily assumed to be shared with others, and collective efforts are valued more than individual efforts. Family titles used to address nonkin and to refer to the collective—"Sisters" or "Brothers"—further emphasize the collectivity. This strong sense of the collective makes alienation from family, friends, or community all the more painful as happens among AIDS and HIV-positive persons.

Collective identity also has direct implications for AIDS prevention. First, convincing people to change their behavior can be effective in this collective context. Attempting to change a group by changing each member goes against the culture. Second, agents of change will have to come from within all of the organizations and communities that make up the African-American collective. Finally, if AIDS and AIDS sufferers are viewed as being outside the collective, as they have been until recently, then messages about AIDS prevention will be ignored.

The Extended Family

The high prevalence of female-headed households, teen pregnancy, and high divorce and separation rates seem to affirm the notion that African Americans do not place a high value on family. Quite the opposite is true. African-American culture is strongly family centered. Family is more broadly defined as extended relationships, and variations from the white middle-class—that is, nuclear family—are tolerated. African-American families are organized around blood lineages where the oldest members are the heads of an extended family.¹² The family is rooted primarily in the father's or mother's lineage and only secondarily in a particular nuclear household. In addition, persons who have assisted or been of value to the family are accepted as family members and given titles, such as "Aunt" or "Uncle," "Brother" or "Sister."

Extended families are helping and exchange networks that engage in mutual support, collectively rear children, and provide emotional support across the generations.¹³ If a mother or father is missing, then an aunt, uncle, older brother or sister, or grandparent will step into that role. The primary socialization of each family member occurs as part of their extended family's age cohort.

With regard to AIDS prevention, the extended family has great untapped potential. If the family head acknowledges the AIDS threat, then AIDS prevention information is given more credence, and family members at high risk are more likely to give it attention. Many of those who continue to engage in high-risk behaviors are no longer part of an extended family. A powerful way to have an effect on these people is to involve them in surrogate extended "families" with AIDS prevention as one of the group's goals.

Sexuality

Commonly cited aspects of African-American sexuality are early and more frequent coitus, infrequent use of condoms, high rates of teen pregnancy, and the male double standard.¹⁴ Although these behaviors are undoubtedly influenced by history and culture, there is no evidence that they are highly regarded or idealized in any class of African Americans.¹⁵

It is ironic that we may know more about African-American sexuality during slavery than now. Since 1966 studies of black sexuality have consisted mostly of comparisons of white and black sexual behaviors with a primary focus on African-American lower-class adolescent girls' behavior. The most popular samples are from family planning clinics.¹⁶ The few studies to examine the African-American middle class have found earlier and slightly more sexual activity than in their white counterparts.¹⁷ Historically, however, the black and white middle classes were not directly comparable. African-American middle-class sexuality continues to be closer in attitudes and values to the white working class.^{18(pp116-132)} What is African-American sexuality apart from more frequent intercourse and earlier sexual activity?

The average age of marriage, rate of divorce, and extent to which children are born to a single parent have been conditioned by the availability or absence of jobs and how well they pay. When there are jobs and decent wages, the age of marriage and divorce rates drop and the number of "illegitimate" births declines. Maintaining a nuclear family unit is heavily dependent on participation in the urban wage economy. It is virtually impossible for persons at the edge of or outside the economy to form or maintain a nuclear, two-parent household.¹⁹ In contrast, compared with lower-class black sexuality, the African-American middle class has moved to the opposite extreme.²⁰ That is, sexuality is not allowed to compromise a person's economic and social class status. There is no general acceptance of sexuality, especially among middle-class women. Besides economic influences on African-American sexuality, there are three cultural factors related to reproduction and gender that are special barriers to effective AIDS prevention.

Myths That Distort African-American Sexuality

In the African-American lower and working class, sexuality is not conditioned by centuries of religious and moral denial. Positive African-American lower-class values toward sexuality are not barriers to AIDS prevention, but three values are. The first is that children are an affirmation of manhood and womanhood and the basis for claiming status as adults.²¹ This value is the basis for the reluctance to use condoms. The second factor is the myth of black sexual superiority. The perceptions of white and black sexuality in the United States are heavily conditioned by the racist presumption of white superiority and black inferiority.²² Axiomatic to this racist ideation is that African Americans are sexually superior to whites. The problem with the myth of black sexual superiority is that it has carried over into the nation's conventional wisdom. The African-American lower class's positive attitudes toward sex play into the myth, reinforcing it, and providing ample evidence of its alleged validity. A more serious problem is that many African Americans believe the myth as well. The black male double standard and the need to affirm manhood and womanhood through the

production of children are then reinforced by the need to demonstrate and affirm alleged sexual superiority.

The third factor that distorts African-American sexuality is the propensity of giving words multiple meanings and exaggeration. In African traditional societies, there were "praise-sayers" whose purpose was to repeat the great deeds of a leader or a people or to commemorate a special occasion. Praise-sayers prepare for a great presence or occasion that is intended to be larger than life. Exaggeration and word play are very much a part of contemporary African-American culture. In both public and personal social encounters, sexual activity is not only a topic of discussion, it is often talked about loudly in bold, colorful, and exaggerated language. Real and imagined behaviors are all one. A speaker may grossly exaggerate or say something meant to be shocking to challenge listeners to say something even bolder. This is a form of entertainment, and community members who are skilled at it are held in high regard. Listeners and interviewers who are unfamiliar with the culture are especially looked on as fair game for entertainment through exaggeration about sexual experiences. This propensity to exaggerate sexual exploits can lead to pitfalls for unwary sex researchers.

Culturally Specific AIDS Prevention

African-American community institutions—churches, families, organizations—have yet to be mobilized for greater efforts toward AIDS prevention. Black culture can be used as a resource and a powerful force encouraging HIV–low-risk behaviors among working and lower-class African Americans. The way to use African-American culture as a positive force in preventing AIDS rather than have it continue as an insurmountable barrier is first to recognize the unique elements of the culture and to use those elements to advantage. There are a number of ways to go about this:

- Information about AIDS prevention among African Americans will have to come from within the community and from people familiar with the culture. Those who are familiar and are accepted can get around multiple identities, have access to the oral networks, and can recognize and counter oral exaggeration.
- The most culturally effective mode of AIDS prevention among African Americans would be consistent and repeated person-to-person and person-to-group oral discussion. Through question and answer, challenge and discussion, people can be convinced of the risk of contracting HIV and of the effectiveness of low-risk behaviors.
- The African-American sense of a collective identity has the potential to develop a strong norm for low-risk HIV-related behaviors. This will develop once AIDS is seen as a real risk to the community.
- The extended family is the most powerful untapped tool in preventing AIDS in African Americans. An effective strategy could be to train the heads of extended families to be AIDS educators and counselors to work within their families and their neighborhoods.
- African-American sexuality does not need to undergo wholesale revision to meet the AIDS challenge. Specific change is needed in the use of sexuality as a way to affirm adult status and manhood or womanhood by having children. The belief among African Americans in black sexual superiority will have to be recognized for what it is—a myth that leads persons to engage in risky behavior.

I have described selective elements of African-American culture. These elements are some of the reinterpretations of original African cultures that have enabled Africans to survive slavery, become African Americans, create communities, and resist racial subordination. These cultural elements can be the basis of successful communitywide AIDS prevention programs. Arising from the needs for survival and resistance, this formidable culture has yet to be mobilized effectively to halt the growing threat of AIDS. If such a mobilization is to be effective against AIDS, it must come from within a community struggling with high unemployment, school-dropout rates, and drug sales and use. The timing and effectiveness of this mobilization is going to depend on African Americans making leaders and institutions more accountable to the needs of its growing underclass. This does not mean that African Americans are the only ones who can prevent AIDS in their community, nor does it mean that the white community engaged in prevention should remain "downtown" and control these efforts in African-American communities through designates. Mobilization against AIDS is going to also depend on the preventive health community's willingness to recognize this complex culture, provide resources, and allow indigenous leaders to develop and refine strategies for AIDS prevention in their communities. Only in this way will the people who need it most be reached and convinced to make the needed changes.

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